

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35229
Registrar's No. 2746

FILED OCT 23 1948
Registration District No. 127

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veteran's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 76 years (Specify whether years, months or days)
In this community 76 years

3. (a) PRINT FULL NAME Joseph Treiber

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. Color W.
5. Color or race W.
6. (a) Single, widowed, married, divorced W.
6. (b) Name of husband or wife Gertrude Treiber
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 24th., 1871
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 2
If less than one day hr. _____ min. _____

9. Birthplace France
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Painter

11. Industry or business _____

12. Name Louis Treiber

13. Birthplace France
(City, town, or county) (State or foreign country)

14. Maiden name Alina Unknown
(City, town, or county) (State or foreign country)

15. Birthplace France
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Tremain

(b) Address 514 N. Spring Ave.

17. (a) Removal (b) Date thereof 9/27/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson City, Mo.

18. (a) Signature of funeral director Paul V. ...

(b) Address 3840 Linden Blvd.

19. (a) 9-27-48 (b) Paul V. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County San
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 514 N. Spring Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Sept. day 26th.,
year 1948 hour 8 minute 8 M.

21. I hereby certify that I attended the deceased from Aug 1 - 4 to Sept 26, 1948
that I last saw him alive on Sept 20, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Atrophic Myocarditis

Due to Senile changes

Due to 93 de

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

23. Signature Paul V. ... (e) Means of injury ...

Address 3718 A ... Date signed 9-27-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3718 Olive St. Fr. 6382
Ca. 2688
12 noon to 4 pm

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.